

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **155**

FILED JAN 19 1943

Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Susie Schubert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BENNIE SCHUBERT 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 1 - 1906
(Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name ANDREW HAWKS
13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name BERTHA KIRK
15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant BERTHA HAWKS

(b) Address 1730 FRANKLIN (REAR)

17. (a) BURIAL (b) Date thereof 1/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES

18. (a) Signature of funeral director EDITH E AMBRUSTER

(b) Address 4234 MANCHESTER

19. (a) JAN 7 1943 (b) J. J. Indeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1730 FRANKLIN (REAR)
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5, year 1943 hour 4:45 minute _____ P.M.

21. I hereby certify that I attended the deceased from January 2, 1943 to January 5, 1943.
that I last saw him or alive on January 5, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death uremia
Due to _____
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
obesity

Major findings:
Of operations _____

Of autopsy Refused

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Tracy G. Gentry (M. D. or other) M.D.
Address 1515 Lafayette Avenue, Date signed 1/6/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

William J. Lyons

Licensed Embalmer No.....

4319

P. O. Address.....

St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.